EDITORIAL

VENEREAL DISEASES, THE CHANGING PROBLEM

At the present time a belief sweeps the community that venereal diseases no longer constitute a danger to society or a challenge to medicine.

Physicians generally will say " We never see syphilis nowadays ", and this belief, disseminated to the public as well, reduces propaganda to ridicule and carries an unwarranted optimism that this most serious disease is nearly overcome.

The history of syphilis in Great Britain, is that of a steady decline in the early manifestations, once so fulminating as to be a major reason for the public's abhorrence of the disease. To-day the early signs are mostly slight, lulling the victims into a readily accepted false security and often escaping recognition by their doctors.

The arsenicals and penicillin have both, in their turn, done much to modify the disease and to set up further waves of optimism. Admittedly, to-day, little early syphilis is seen by the venereologist, partly due to the abortive action resulting from widespread use of penicillin for so many conditions. Even in pre-penicillin days, less than half the cases of early syphilis were recognized and treated at this most vital stage. The multiplicity of schedules for early treatment advocated in the past eight years, the relapse rate admitted in all, the high default from adequate surveillance, and the failures in case-finding in the early, critical stage, all combine to build a potential of late syphilis in the future.

It must be drawn as a parallel that the still large numbers of late cases referred to venereologists date from the optimistic era of early arsenotherapy with its problems of dosage, surveillance, and default, while the much later age at which symptoms of congenital infection frequently develop to-day undoubtedly originates from the same era.

Penicillin, even more than arsenic and its predecessors, is creating an early stage of latency in syphilis.

Likewise the reduction in incidence and severity of gonorrhoea, and its easy treatment, have been widely publicised. The social stigma of gonorrhoea may be less in the community, but the medical profession and public alike fail to appreciate the importance of the rapidly expanding group of " catarrhal " diseases, of so many causes and so many cures, resulting from venery.

The role of the venereologist is to-day rapidly changing. His propaganda must teach the medical profession to appreciate the agent-host-treatment relationship, to realize the dangers of early latency from insufficient treatment, and to recall venereal diseases to their consideration in the differential diagnosis in all conditions.

He must remind obstetricians and midwives of the need for continual watchfulness against that most preventable of diseases, congenital syphilis, and must ensure that school medical officers and those dealing with the young are kept aware of its prevalence. When opportunity arises he must continue to advise the public of the dangers of promiscuity and the victims of the disasters arising from concealment of disease and default from treatment and surveillance. He is not merely an epidemiologist preventing the spread of venereal diseases in their early stages, but a physician whose skill will be taxed to combat late manifestations.

Despite to-day's optimism, the venereologist has a responsible and busy future.